

Baby Watching: Facilitating parent–infant interaction groups

› Abstract

The Oxford Parent Infant Project’s Baby Watching groups aim to increase parental sensitive care-giving and encourage mind-mindedness towards babies. In this article, clinical vignettes demonstrate the concept of bodily mentalisation and illustrate the combined use of Watch, Wait and Wonder and Video Interaction Guidance in parent–infant groups. Seeing positive visual images of themselves and experiencing multiple benign relationships in the Baby Watching group can empower parents to become more attuned to their babies.

Key words

› Parent–infant groups › Watch, Wait and Wonder › Video Interaction Guidance › Sensitive care-giving › Insecure attachment › Parallel process › Attunement › Bodily mentalisation › Mind-mindedness

This article describes the principles and methods underlying the Baby Watching groups run by the Oxford Parent Infant Project (OXPIP), which aim to increase parental sensitive care-giving and encourage mind-mindedness towards babies. The article will illustrate, through the use of case studies, how such groups can improve parent–infant interaction and outcomes for families. The author, as one of a group of colleagues who developed and facilitates Baby Watching groups, will share personal experience of how the groups function and the positive effects on the parents and babies who attend.

Bodily mentalisation: parents and babies

Bodily mentalisation (Shai, 2012) is a form of non-verbal communication in which one empathises physically as well as mentally with another person. Bodily empathy is something that happens quickly,

non-verbally and outside of consciousness. Non-conscious processes are more rapid than conscious ones, occurring within approximately 20–100 milliseconds after an event (Libet, 2003).

Technological advances have facilitated the filming of parent–infant interaction, with the ability to show portions of filmed content in slow motion. This allows practitioners to demonstrate the subtle, complex, constantly shifting and nuanced non-verbal interchange between parents and babies. Beebe et al’s (2010) theory of intersubjectivity demonstrates that baby and parent (and also the professional and client) operate within a system where the behaviour and emotional experience of each affects and influences the other.

Professor of child and adolescent psychiatry and attachment researcher Dr Dan Siegel coined the term ‘mindsight’, referring to the capacity to link up to another person’s internal world:

‘The skill of mindsight with its insight, empathy, and integration enables us to create health in our bodies, our relationships, our minds.’ (Siegel, 2014)

Parent–infant groups offer parents an opportunity to learn to use mindsight and bodily mentalisation to connect with their babies (*Case study 1*).

Siegel (2014) says that for secure attachment we need to feel seen, soothed and safe. Research estimates that, while 60% of the general population are secure in their attachments, 40% are not securely attached (Shemmings et al, 2012). The challenge for early years professionals is to identify and support those parent–infant relationships that fall into the insecure category (*Case study 2*).

OXPIP Baby Watching groups

Background

The Baby Watching group method developed by the team at OXPIP integrates two evidence-based approaches—Watch, Wait and Wonder and Video Interaction Guidance—in parent–infant groups.

The first parent–infant groups at OXPIP were facilitated in 2004 by Caryn Onions and Geraldine Stamp. The organisation was then commissioned to provide a baby massage group in a neighbourhood with the highest deprivation



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index in Oxford. This work quickly highlighted the need for non-threatening groups for parents who struggled to access other, more universal services. Barlow et al (2005) have said that service providers need to consider new ways of providing services to vulnerable or hard-to-reach parents. The OXPIP groups became successful in engaging new and hard-to-reach parents (mostly mothers but also some fathers) who may not have the confidence to join other groups. Sensitive caregiving was promoted successfully and positive relationships were forged between the parents and professionals from local health and children's centres, which then helped those parents to access other services.

Subsequently, a group of colleagues at OXPIP developed groups for older, more mobile babies and for parents from non-white ethnic backgrounds. The organisers found it helpful to apply the principles of Watch, Wait and Wonder (see below) themselves, and to encourage parents to do so. The groups were helpful in: drawing parents' attention to their babies' ways of communicating; reducing intrusiveness; and encouraging parents to think about the meaning of their babies' behaviour (OXPIP, 2013).

OXPIP is currently facilitating eight parent–infant groups, with more planned. Since 2011, some groups have started to incorporate video feedback, and have refined the use of positive visual images of parent–infant interactions to promote parental confidence, sensitivity and mind-mindedness. This method has been found to be highly effective, and appreciated and enjoyed by parents. OXPIP is now training early years professionals from a variety of professional backgrounds in its approach to facilitating parent–infant interaction groups.

Baby Watching

Baby Watching groups have been found to be a cost-effective way of engaging hard-to-reach parents (Stewart-Brown and Shrader McMillan, 2010). The Baby Watching group model has been developed by OXPIP over the last 4 years. The groups usually take place in children's centres or health centres, with parents being referred by health visitors, children's centre staff, midwives and GPs. Parents can also self-refer.

Each group session lasts for 1 hour and includes 5–10 minutes during which the parents simply watch the babies and follow their initiatives. This is done once or twice during each session. One of these 5-minute periods is filmed by one of the two group facilitators.

During the first part of the session, parents are

Case study 1

In a baby massage session, 5-month-old Phoebe* was lying on her back. She started to grizzle. Her mother, Clara*, said, 'Oh do you want to sit up?' She leaned forward and helped her daughter to a supported sitting position. Phoebe immediately calmed down and started looking around the room with interest. In a split-second, Clara had put herself in her baby's shoes; through empathising with her body and her mind, she had understood what might be going on for her baby both physically and emotionally. This shows bodily mentalisation (Shai, 2012)—using her bodily self Clara could work out what Phoebe felt, then she responded appropriately and sensitively.

Clara was able to use the group environment to be relaxed in her parenting and pay attention to her daughter. She felt safe and not restricted by assumed group norms such as: 'We are here for a massage, so the baby has to lie down.' She was able to override the instructions of the facilitator because she was confident that she knew best what her baby needed at that moment; she was able to trust herself and she was not afraid to be different. Phoebe is more likely to grow up with a secure attachment and a good sense of self because her mother is able to help, contain, empathise, interpret and support her experiences. This means she can support her daughter to manage her emotions and her kinaesthetic learning (learning through the body and its actions) within the zone of proximal development (Vygotsky, 1978).

Case study 2

Abigail*, a 32-year-old single mother, was feeling isolated. She had been referred by her health visitor to a Baby Watching group at the local children's centre. When her 7-month-old daughter Michelle* lifted her arms, it took Abigail a long time to respond. It was hard for the group facilitator to watch and wait for Abigail to react to her daughter. After a while, the facilitator said: 'Do you think Michelle wants a mummy cuddle?' Eventually, Abigail picked her daughter up. She put the baby on her lap, facing away from her. A compromise solution was reached to manage the public display of the daughter's request for closeness and the mother's difficulty in providing it at that moment. Without intervention, Michelle is likely to develop an insecure attachment. The model in her mind will be that when she asks for comfort, she doesn't get it straight away—if at all. This is likely to affect her relationships later in life (Shonkoff and Phillips, 2000).

welcomed and shown positive images from the previous session, of themselves during successful interactions with their babies. Parents usually enjoy this part of the session. Given that babies require frequent attention, this initial part of the session where such images are shown has become shorter than the group organisers had originally planned. The rest of the time is taken up by attending to what needs to be attended to—such as feeding, comforting or cleaning the babies—and watching the babies interact in a relaxed environment, noticing details and developments, sharing concerns and celebrating achievements such as letting go of a toy or relating to another baby. The group allows the parents to marvel at

their children's exploration of the environment, and to share this pleasure with the other parents.

Watch, Wait and Wonder

The Watch, Wait and Wonder (WWW) approach was developed by Elisabeth Muir (Cohen et al, 2006) and been expanded as a psycho-educational approach for older children by Dr Michael Zilibowitz in Australia (Zilibowitz, 2006). It encourages the parent to watch the baby (or child) and wait before acting, while wondering about the meaning of the baby's behaviour. This approach is helpful with intrusive parents (i.e. those who, rather than noticing and following their baby's cues, do not leave enough space for the baby to discover the world by themselves) because it creates some space that had not been there before.

There was some adjustment required in order for the OXPIP colleagues to apply WWW to parent–infant groups. The first task is to provide an accepting, non-judgmental, containing atmosphere in the group where it feels safe, to reduce naturally occurring levels of anxiety (Celebi, 2013). Attending a group with a young baby can raise a parent's anxiety levels, so the first purpose of the group is to help the parent feel physically and emotionally comfortable and generate an ambience where trust is established and they can feel safe. The group facilitator meets with each parent and baby before the group begins, to hear the individual stories of pregnancy, birth, past and current support and important relationships. This meeting provides an opportunity for the group facilitator to explain the nature and purpose of the Baby Watching group, and includes paperwork such as permission to film and explanations of basic child protection and complaints procedures.

In subsequent sessions, any absences are noted and followed up with text communications with the parent, to emphasise that even if sessions

are missed, the parent and baby are kept in the mind of the facilitators and the rest of the group. This follows a model that understands the group as a potential parental container, an object for attachment and projections or a quasi-family group, where every member counts (Bion, 2004).

The concept of dynamic administration, coined by Foulkes (1983), implies that the group facilitator gives meaning and keeps in mind all participants, just as parents keep in mind their children's needs. Facilitators are initially more active in engaging individual members of the group, until the group members gain more confidence and trust in each other and begin to relate directly to one another with reduced mediation by the group facilitators (Foulkes and Anthony, 1965).

The foremost concern in a Baby Watching group is the immediate needs of the baby, which must be responded to before anything else. The group facilitators must make it clear to parents that when they encourage parents to 'watch' their baby, the idea is not to simply look and not respond; it is to help parents follow the baby's initiatives. If a parent's anxiety levels are high, this could curtail their spontaneous attuned response, which would negate the purpose of the intervention.

Sometimes parents may believe that in order to be a good parent they should be educational, showing and teaching their babies what to do. However, this could lead to parents completely missing their babies' cues (*Case study 3*).

A common theme in OXPIP's Baby Watching groups is the tension between the baby staying closely attached to the parent and moving away to explore. Many mixed feelings can be aroused in both parent and baby: excitement, fear and even a sense of having been abandoned. WWW is a good way of reflecting on such feelings; the parent can use the opportunity to reflect on what may be going on in their baby's head (being mind-minded) and how they feel themselves.

According to Bion (2004), the foundation for both mental development and truth is the emotional experience. In other words, the integration of different thoughts and feelings creates repair and healing. Mental activities such as feelings and thoughts can be described as patterns of energy and information that flow inside a person (Siegel, 2014). Baby Watching groups can stimulate and contain this flow and allow feelings and thoughts to rearrange in healthier and more flexible patterns. This process eventually translates into greater parental sensitivity and mind-mindedness.

The Baby Watching groups offer potential for multiple relationships, rather than just the single

Case study 3

Christina*, 40, watched her 9-month-old daughter in the group setting, and said that for the first time she experienced a great relief that she could just 'be' and enjoy observing her baby without having to do anything educational. She tearfully recounted that she felt moved by her daughter's zest for life and gusto for exploring. Christina herself had felt held back by her own mother, and she wanted to be different. She confided that she had enjoyed her daughter being ill with a cold, because she had wanted to snuggle up to her—something her daughter usually was too active to do. Christina said that she liked feeling needed. By articulating the conflicting emotions that were triggered by observing her daughter, Christina was able to start integrating feelings and observations she had previously kept apart in her mind.

relationship between parent and baby. If one mother struggles to read her baby's cues, other parents in the group—and the other babies—may still relate to her baby sensitively. This allows the babies to get a wider range of responses, and helps the parent learn new ways of relating to their baby (*Case study 4*).

Video Interaction Guidance: a case study

Video Interaction Guidance uses positive images from successful moments to enhance parental confidence (Celebi, 2014).

Adele*, a 22-year-old mother who came to a Baby Watching group, tended to sit very still and made no obvious eye contact with her baby, Arline*, who hardly smiled. Adele told the group facilitators that she knew about babies because she had raised her disabled brother, while her own mother had suffered from mental health problems. Adele was functional in her approach to Arline; she looked after her daughter's physical needs, such as cleaning and feeding, but was unable to respond sensitively to her emotional needs by providing comfort, giving both verbal and non-verbal feedback when Arline looked for her attention, and providing Arline with reassurance. She tended to give Arline the bottle during the watching and filming. Initially, Adele's face was expressionless and unresponsive to her daughter.

The facilitators found this uncomfortable to watch. In this field of work, professionals develop a capacity to connect quickly and deeply with parents and babies. This can lead to discomfort when the professional witnesses non-attuned parent–infant interactions. Being aware of these feelings can help the facilitator to make professional judgements.

It was difficult for the facilitators to help Adele to reflect verbally, as she rejected any attempt at talking about her feelings or the meaning of babies' behaviour. However, over a period of 4 months her own behaviour changed drastically. She started to pay more attention to her clothes and she became more lively. She began to respond to Arline and even talked to her, which was an encouraging development. Arline had initially shown great interest in the other adults and babies in the group, and relished their responses. Adele moved from a position of interference—which stemmed from a worry that her baby might hurt another baby—to a position of watching Arline with delight. However, she was primarily interested in talking to the other women in the group.

The facilitators found positive images from the filming, of Adele and Arline together and of Arline interacting with other babies, which were shown

Case study 4

When Michelle* (see *Case study 2*) was 8 months old, she tended to stay close to her mother, Abigail*, because she was unsure of her mother's responses. Abigail had shared that she wanted Michelle to be independent—'like the other babies'—but conceded that she found comfort in Michelle sitting on her lap. This was her way of wondering about some of the mixed feelings she had, and the mixed messages she may be giving to Michelle. Abigail was determined that Michelle should have more of a social life than she'd had herself. They came to the Baby Watching groups without missing a single session, which showed that Abigail had attached to the group, as had Michelle. Over time, Abigail became more overtly affectionate towards her daughter. In their fifth session, Michelle crawled across the room for the first time; Abigail not only let her do this, but relished the attention and delight that the rest of the group showed towards her and her daughter.

» *The Baby Watching groups offer potential for multiple relationships, rather than just the single relationship between parent and baby.* «

at the beginning of each session. These images were exceptions—the best moments, or moments of vitality and attunement (Kennedy et al, 2011). Over a period of 3 months, Adele became more sensitive towards her baby. There were longer periods of satisfying interaction and her language when speaking to Arline became friendlier.

It is common for group facilitators to look at the footage of the babies and enjoy seeing their interactions with each other and with their parents (who, in the case of this group, were all mothers). The best clips of the interactions are then shown to the parents. The stated goal of the Baby Watching groups is to focus on the parent's relationship with the baby. It took the group facilitator 11 sessions with Adele to realise that, while the facilitator talked about attunement and relationships when reflecting on the images together, Adele was mostly looking at herself. Preoccupation with one's body image is a common concern in new mothers and is often distracting (Orbach and Rubin, 2014). It became evident that this mother was hungry for positive images of herself.

Eventually, it seemed that it was the process of showing Adele images of herself at moments of connection and ease that encouraged her to change her behaviour towards her baby. Arline now smiles and interacts in a lively way with the others in the group. The improvement was reflected in Adele's score on the Parent–Infant Relationship Global Assessment Scale (PIRGAS)

(Zero to Three, 2005). Her score improved from 45 (Disturbed), which is described as:

'The adaptive qualities of a disturbed relationship are beginning to be overshadowed by problematic features. Although not deeply entrenched, dysfunctional patterns appear more than transient. Developmental progress can still proceed, but may be temporarily interrupted.'

to 55 (Distressed), described as:

'Parent and child maintain some flexibility and adaptive qualities, but conflict may spread across multiple domains of functioning, and resolution is difficult. The developmental progress of the dyad seems likely to falter if the pattern does not improve.'

There is still some way to go for Adele and Arline, but it is clear that this mother–baby dyad has gained something important, which Adele could not yet express in words but which showed itself in her increased capacity to empathise and relate to her child. She also overcame her isolation and made friends with other mothers, who now meet outside the group.

Bodily mentalisation: parallel process for facilitators

This article has explored how bodily mentalisation focuses on how a parent empathises with, connects with and understands their baby. In Baby Watching groups, these principles also apply to the group facilitators, whose qualities, presence and interaction are important aspects of managing, containing and giving meaning to events that occur in the group sessions.

The nature of the Baby Watching groups means that it is impossible to predict how a group will develop—babies cannot be 'controlled' in the way that older children or adults might respond to a structured session, so each Baby Watching group is a surprise. This can raise anxieties for the facilitators themselves, but there is also always hope for good, sensitive and nurturing moments (James, 2004). The facilitators' primary task is to try to stay calm and present, and then—as much as possible—attune to the parents and babies in the group, supporting them to attend what needs attending to. This 'parallel process' can also continue into the supervisory space (McNeill and Worthen, 1989). The Baby Watching group facilitators were fortunate to receive ongoing and sensitive supervision provided by OXPIP, which helped to contain and reflect on their feelings and actions as group facilitators. This is important because, ultimately, facilitators use themselves to

interact and join in the subtle dance of the group matrix to help create a potential space where attuned and thoughtful interactions are possible.

An important consideration is that all groups take place within a wider environment, even if it is just a building. The groups often take place in a community, education or health-care setting. The facilities, privacy, cleanliness, accessibility, contact with staff and management, referral procedures, evaluations, budgets and communication all have an impact on the successful management and facilitation of the Baby Watching group.

Training opportunities

Baby Watching groups have the potential to empower parents to become more confident and attuned towards their babies. They are a cost-effective way of engaging some of the hard-to-reach parents, who may find it difficult to access other, more universal, services.

OXPIP offers a 4-day training course on Facilitating Parent–Infant Interaction Groups. The course includes bodily mentalisation, touch, the complexities of group dynamics, baby watching, recruitment of suitable parents and babies, and managing groups. Teaching methods are experiential, including role play, group discussions, watching video clips and reflections and, if possible, watching a live parent–infant group session, as well as being filmed during role play and given positive feedback. The practical component involves trainees recruiting parents and babies and negotiating with a setting to facilitate a group, which they then film. The best moments are shared in group supervision on day 4 of the training. This last component has consistently been found to be the most rewarding element of the course.

This training enables early years professionals to provide Baby Watching groups that will encourage sensitive care-giving, empathy and compassion towards babies and their parents. Health visitors are in an excellent position to further develop this group approach in their work settings. **JHV**

The next OXPIP training sessions will take place in October and November 2014. For further information, contact ursula.saunders@oxpip.org.uk.

**All names in case studies have been changed to protect confidentiality.*

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Key points

- ♦ Parent–infant interaction groups can help parents to develop empathy, compassion and sensitive care-giving towards their babies
- ♦ Baby Watching groups incorporate elements of evidence-based interventions Watch, Wait and Wonder and Video Interaction Guidance
- ♦ Bodily mentalisation focuses on the empathy between parent and infant, and also the parallel process in the relationship between the group facilitator and the parent
- ♦ The Oxford Parent Infant Project offers training for early years professionals, including health visitors, in facilitating parent–infant interaction groups

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